



CLIENT PAYMENT AUTHORIZATION FORM

Customer Name: _____

Account Number: _____

Address: _____

Phone Number: _____

METHOD OF PAYMENT FOR: Installation Recurring Monitoring Service All

Credit Card:

VISA AMEX

DISCOVER MASTERCARD

NAME: _____

ACCT #: _____

EXPIRATION: _____

CVV: _____

Electronic Funds Transfer (EFT):

Checking Account

Savings Account

NAME: _____

ACCT #: _____

ROUTING #: _____

Customer Signature

Date

My signature above authorizes Sonitrol to perform EFTs from my bank account or charge my credit card account, in the amount and frequency specified per my agreement with Sonitrol, as payment for services and permit fees.

Please print and fax or scan /email the completed form

(812) 467-7236 / fsendelweck@sonitrolev.com